

STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF DAIRY AND COMMODITY REGULATION
P. O. BOX 330, TRENTON, NJ 08625-0330
609-292-5646

DATE _____

TO: _____
NAME OF DEALER

NUMBER AND STREET

CITY STATE ZIP CODE

Pursuant to the provisions of NJAC 2:50-2.1, this is to acknowledge the receipt of your written notice pertaining to your 28 day notice of your intent to discontinue purchases of milk from:

NAME OF DAIRY FARMER

NUMBER AND STREET

CITY STATE ZIP CODE

Your written notice was received in this office on _____ 20_____
and the 28 day period expires on _____ 20_____

Distribution: Copy to Dealer
Copy to Dairy Farmer
Copy to Division of Dairy and
Commodity Regulation